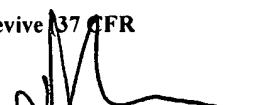


U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE		ATTORNEY'S DOCKET NUMBER 11336.1022USWO
TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371		
		U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5) 10/591023
INTERNATIONAL APPLICATION NO. PCT/IB2005/051103	INTERNATIONAL FILING DATE April 4, 2005	PRIORITY DATE CLAIMED April 9, 2004
TITLE OF INVENTION HERBAL EXTRACT FOR RENAL DISORDERS		
APPLICANT(S) FOR DO/EO/US ACHARYA et al.		
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:		
<ol style="list-style-type: none"> <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. <input checked="" type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(l). <input type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau). b. <input checked="" type="checkbox"/> has been transmitted by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US) <input type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2)). <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ol style="list-style-type: none"> a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau). b. <input type="checkbox"/> have been transmitted by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input checked="" type="checkbox"/> have not been made and will not be made. <input type="checkbox"/> A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). <input checked="" type="checkbox"/> An unsigned oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). 		
Items 11. to 16. below concern document(s) or information included:		
<ol style="list-style-type: none"> 11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98, Form 1449, references. 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. <input type="checkbox"/> A FIRST preliminary amendment. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment. 14. <input type="checkbox"/> A substitute specification. 15. <input type="checkbox"/> A change of power of attorney and/or address letter. 16. <input checked="" type="checkbox"/> Other items or information: Application Data Sheet (4 pages), International Publication, Form PCT/IB02/51103, Form PCT/RO/101, Form PCT/RO/102, Form PCT/RO/199, Form PCT/IB/301, Form PCT/ISA/220, Form PCT/ISA/237, Form PCT/IB/306, Form PCT/IB/308 		

U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5) 10/591 023	INTERNATIONAL APPLICATION NO. PCT/IB2005/051103	ATTORNEY'S DOCKET NUMBER 11336.1022USWO																
BASIC NATIONAL FEE (37 CFR 1.492(a) (1)-(5)):																		
<input checked="" type="checkbox"/> a) Basic National fee..... \$300 <input checked="" type="checkbox"/> b) Examination fee..... \$200 If the written opinion prepared by ISA/US or the international preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4). \$0 All other situations..... \$200.00																		
<input checked="" type="checkbox"/> c) Search fee..... \$400 If the written opinion of the ISA/US or the international preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4). \$0 Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority..... \$100.00 International Search Report prepared by an ISA other than the US and provided to the Office or previously communicated to the US by the IB..... \$400.00 All other situations..... \$500.00																		
TOTAL OF ABOVE CALCULATIONS = \$900																		
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets. The fee is \$250 for each additional 50 sheets of paper or fraction thereof.																		
Total Sheets	Extra Sheets	Number of each additional set of 50 sheets, more than 100 sheets																
23 - 100 =	/50 =	X \$250 \$																
Surcharge of \$130 for furnishing the oath or declaration later than [] 20 [] 30 months from the earliest claimed priority date (37 CFR 1.492(e)).																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"> </th> <th style="width: 25%;">CLAIMS (AS FILED)</th> <th style="width: 25%;">NUMBER EXTRA</th> <th style="width: 25%;">RATE</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>17 -20 =</td> <td></td> <td>X \$50 \$</td> </tr> <tr> <td>Independent claims</td> <td>4 -3 =</td> <td>1</td> <td>X \$200 \$200</td> </tr> <tr> <td colspan="2">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td></td> <td>+ \$360 \$</td> </tr> </tbody> </table>				CLAIMS (AS FILED)	NUMBER EXTRA	RATE	Total claims	17 -20 =		X \$50 \$	Independent claims	4 -3 =	1	X \$200 \$200	MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+ \$360 \$
	CLAIMS (AS FILED)	NUMBER EXTRA	RATE															
Total claims	17 -20 =		X \$50 \$															
Independent claims	4 -3 =	1	X \$200 \$200															
MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+ \$360 \$															
TOTAL OF ABOVE CALCULATIONS = \$1100																		
Reduction by 1/2 for filing by small entity, if applicable. Small entity status is claimed pursuant to 37 CFR 1.27																		
SUBTOTAL = \$1100																		
Processing fee of \$130 for furnishing the English translation later than [] 20 [] 30 months from the earliest claimed priority date (37 CFR 1.492(f)).																		
TOTAL NATIONAL FEE = \$																		
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40 per property																		
TOTAL FEES ENCLOSED = \$1100																		
		Amount to be refunded: \$																
		charged \$																
a. <input checked="" type="checkbox"/> Check(s) in the amount of <u>\$1100</u> to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge the amount of \$ to cover the required filing fee for a large entity to the credit card listed on the enclosed credit card authorization form. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-3478 .																		
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.																		
SEND ALL CORRESPONDENCE TO: Douglas P. Mueller Hamre, Schumann, Mueller & Larson, P.C. P.O. Box 2902 Minneapolis, MN 55402		SIGNATURE:  NAME: Douglas P. Mueller REGISTRATION NUMBER: 30,300																

10/591023

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IAP9 Rec'd PCT/PTO 29 AUG 2006

Applicant: ACHARYA et al.

Docket: 11336.1022USWO

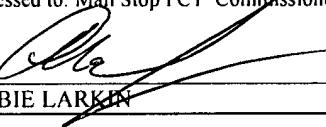
Title: HERBAL EXTRACT FOR RENAL DISORDERS

CERTIFICATE UNDER 37 CFR 1.10:

"Express Mail" mailing label number: EV 858800545 US

Date of Deposit: August 29, 2006

I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop PCT Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450.

By: 
Name: ABbie LARKIN

Mail Stop PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

We are transmitting herewith the attached:

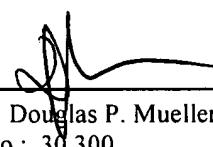
- Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- National Stage PCT Patent Application: Spec. 19 pages, Claims 2 pages, and 1 page of abstract, The fee has been calculated as shown below in the 'Claims as filed' table.
- An unsigned Combined Declaration and Power of Attorney
- Check in the amount of \$1100 to cover the Filing Fee
- Form 1390
- Application Data Sheet, 4 pages.
- Other items or information: International Publication Page; Form PCT/IB02/51103, Form PCT/RO/101; Form PCT/RO/102 Form PCT/RO/199; Form PCT/IB/301; Form PCT/ISA/220; Form PCT/ISA/237; Form PCT/IB/306; Form PCT/IB/308
- Return postcard

CLAIMS AS FILED

Number of Claims Filed	No.	In Excess of	Extra	Rate	=	Fee
Total Claims	17	20	0	50.00	=	0
Independent Claims	4	3	1	200.00	=	200.00
Multiple Dependent Claims Fee					=	0.00
Basic Filing Fee					=	300.00
Search Fee					=	400.00
Examination Fee					=	200.00
Utility Application Size Fee	23	100	0	250.00	=	0.00
Total					=	\$1100

Please charge any additional fees or credit overpayment to Deposit Account No. 50-3478. A duplicate of this sheet is enclosed.

Hamre, Schumann, Mueller & Larson, P.C.
P.O. Box 2902 Minneapolis, MN 55402
612.455-3800

By: 
Name: Douglas P. Mueller
Reg. No.: 30,300
Initials: DPM:rkw

52835

PATENT TRADEMARK OFFICE

(PTO TRANSMITTAL - NEW FILING)